TEXAS DEPARTMENT OF LICENSING AND REGULATION

PO Box 12157 · Austin, Texas 78711 · (800) 803-9202 · (512) 463-6599 · FAX (512) 475-2871 www.license.state.tx.us · CS.Air.Conditioning@license.state.tx.us

AIR CONDITIONING AND REFRIGERATION TECHNICIAN APPLICATION INSTRUCTIONS

This application may be used for a "registered" or "certified" technician.

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.

GENERAL INSTRUCTIONS

The application must be completed and signed by the applicant. All information provided must be typed or printed in <u>black ink</u> using upper case letters. The application and all attachments must be submitted on separate pieces of single-sided, $8\frac{1}{2}$ " x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Please do not use staples**.

If one check will be used to pay for multiple applications, a **Combined Check Worksheet** must be completed and submitted with the applications and payment. The Combined Check Worksheet is available on the Department's website.

<u>NAME</u> – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

OTHER NAMES – Examples here include birth name, maiden name, or an alias.

<u>SOCIAL SECURITY NUMBER</u> – The Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014

GENDER – Write "M" for Male or "F" for Female.

<u>DATE OF BIRTH</u> – Write the two digit numeric equivalent (ex: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

<u>TELEPHONE NUMBER</u> – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

<u>E-MAIL</u> – Please provide your e-mail address. The Department will add your address to the air conditioning's e-mail list, which provides information from the Department on matters affecting air conditioning technicians. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

<u>MAILING ADDRESS</u> – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

<u>CONVICTION OF CRIMINAL OFFENSE</u> – Indicate if you have ever been convicted of a criminal offense. If yes, complete and attach a Criminal History Questionnaire for each conviction. This form can be obtained from the TDLR website. http://www.license.state.tx.us/MISC/lic002.pdf

<u>LICENSE SANCTIONS</u> – Indicate if you have ever had an occupational license suspended, revoked, probated, or denied in any state, county or municipality. If you have, complete and attach the Disciplinary Action Questionnaire for each sanction. This form can be obtained from the TDLR website. Note, for the purposes of license sanctions, a driver's license is NOT an occupational license. http://www.license.state.tx.us/acr/Forms/Disciplinary%20Action%20Questionnaire.pdf

Carefully read the statement at the bottom of the application before you sign and date the application. Be aware that information provided on this application and any attachments is subject to audit. Providing false information may result in revocation of this license and the imposition of administrative penalties.

ATTACHMENTS

CRIMINAL HISTORY QUESTIONNAIRE

If you have ever been convicted of a criminal offense, attach a completed Criminal History Questionnaire and any attachments requested on the questionnaire for each conviction.

DISCIPLINARY ACTION QUESTIONNAIRE

If you have ever had an occupational license (not a drivers license) suspended, revoked, probated, or denied in any state, county or municipality, attach a completed Disciplinary Action Questionnaire and any attachments requested on the questionnaire for each sanction.

CERTIFICATION QUESTION

If you want to be a "certified" technician, you are required to provide the name of the certifying organization and the identifying number provided by the organization or if this is not available - submit documented proof that you have successfully completed the department approved examination. You may view the most updated examinations through our "Frequently Asked Questions" on our website at: http://www.license.state.tx.us/acr/acrfaq.htm

NOTE: Certification is not required for registration.

<u>FEES</u>

The fee for this registration is \$20. An <u>additional fee</u> of \$15 is required if you wish to become certified. Please send one check or money order for the total amount due, payable to TDLR.

Fees and documents should be mailed to:

TDLR PO BOX 12157 AUSTIN, TEXAS 78711

NOTE: If you want a registration and certification, please send a TOTAL fee of \$35.

Registration Fee	\$20.00
Certification Fee	\$15.00

- PLEASE COMPLETE THE APPLICATION IN BLACK INK.
- ALL ATTACHMENTS MUST BE SUBMITTED ON SEPARATE PIECES OF SINGLE-SIDED, 8½" x 11" PAPER.
- PLEASE USE A PAPERCLIP TO FASTEN ALL PAGES TOGETHER. PLEASE DO NOT USE STAPLES.
- ANY DEVIATION FROM THESE REQUIREMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

DOCUMENTS SUBMITTED WITH THE APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED APPLICATION, ALL ATTACHMENTS AND YOUR CHECK.